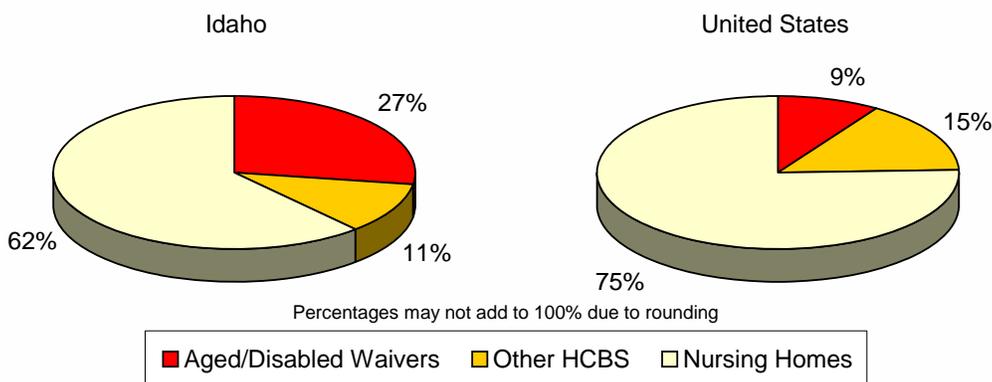


State Long-Term Care Reform in
IDAHO

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in Idaho and the U.S., 2006



Compared to the U.S. average, Idaho allocates a greater percentage (38 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to home and community-based services (HCBS). In FY 2006, Idaho spent 27 percent on waiver services and 11 percent on personal care services (PCS).

Type of Service	Medicaid Participants ¹			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	3,196	10,838	+7,642	\$42	\$85	+\$43
Nursing Homes	5,014	5,075	+61	\$119	\$137	+\$18

Idaho has made significant progress toward balance in recent years, with large increases in both Medicaid HCBS participants and expenditures. The number of Medicaid participants receiving HCBS tripled from 1999 to 2004, while the number of participants in nursing homes remained almost flat. In 1999, the numbers of participants in nursing homes outnumbered those receiving HCBS, but by 2004, the number receiving HCBS far outnumbered those in nursing homes (specifically, the people receiving waiver services increased dramatically). From FY 2001 to FY 2006, the increase in Medicaid spending on HCBS was more than double the increase in spending on nursing homes.

¹ This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/development disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants' type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the *Tables* tab at the end of the full report *A Balancing Act: State Long-Term Care Reform (#2008-10)*.

Major Initiative

Idaho was one of the first states to use provisions of the Deficit Reduction Act of 2005 to implement a Medicaid health plan that targets a specific package of benefits to three different categories of enrollees, one of which includes an integrated benefit plan for persons eligible for both Medicare and Medicaid coverage (dual-eligibles).

The plan for people with dual coverage, called the “Medicare-Medicaid Coordinated Plan,” gives persons the option of enrolling in an integrated benefits plan offered by participating Medicare Advantage Plans (private managed care plans). Participants in the coordinated plan use the same provider network to access both Medicare and Medicaid benefits. The plan, which is voluntary, began operating in April 2007 in areas of the state where Medicare Advantage plans were available, and was expected to expand throughout the state over time. If individuals choose not to join the coordinated plan, they are enrolled in the Enhanced Plan.² As of April 2007, 13,416 people were participating in the Coordinated Plan, with 873 of the total selecting a Medicare Advantage Plan as their primary payer.

“Medicare-Medicaid Coordinated Plan”

Dual-eligibles can enroll voluntarily in coordinated plans and receive additional benefits such as preventive and nutrition services.

The Coordinated Plan includes additional benefits to encourage enrollees to adopt healthy lifestyles, such as preventive and nutrition services. Electronic health records also will be incorporated into LTC assessments to create an integrated health information system.

Other Developments

Aging Resource Centers. Another feature of Idaho’s Medicaid reform plan is the Long-Term Care Options Counseling Program to promote non-publicly financed LTC arrangements, such as reverse mortgages and private LTC insurance. The Idaho Department of Health and Welfare is operating a pilot program of Aging Resource Centers in three Idaho communities to be central sources of LTC information for older persons.

The state also received a federal grant in 2005 to develop a program, called “Aging Connections,” to make it easier for residents in the five northernmost counties of the state to access LTC information and resources. The program opened September 2006 at the Aging and Adult Services location in Coeur d’Alene. With the grant expiring in 2008, the state has provided funding to make the positions permanent and will expand the program statewide.

LTC Public Outreach. AARP, the state Department of Insurance, and the University of Idaho published a single comprehensive guide in 2007, called *Idahoans Guide to Long-term Care Insurance and Services Prices*, that makes the prices of local assisted living facilities, nursing homes, and LTC insurance policy prices transparent to the public for the first time.

² The heart of the new reform is a Medicaid Basic Plan for low-income children and working-age adults. An Enhanced Plan provides all the benefits of the Basic Plan plus additional benefits for persons with disabilities or other special health needs.